



COMMONWEALTH OF VIRGINIA — DEPARTMENT OF MOTOR VEHICLES
DEALER APPLICATION FOR TEMPORARY REGISTRATION/TRANSPORT PLATES

DSD 4 (Rev. 04/04)

TYPE PLATES AND QUANTITY		DEALER NUMBER	FOR DMV USE ONLY
TEMPORARY REGISTRATION REGULAR _____ MOTORCYCLE _____	TEMPORARY TRANSPORT PLATES REGULAR _____ MOTORCYCLE _____		FEE (SETS OF 10 (TEN)) \$20 – TEMPORARY REGISTRATION \$10 – TEMPORARY TRANSPORT \$ _____ NO. _____ FROM _____ TO _____
DEALER TRADE NAME			
DEALER BUSINESS ADDRESS			
CITY _____ STATE _____ ZIP CODE +4 _____			

I hereby make application to purchase temporary registration/transport plates. All such plates will be issued by this dealer in full compliance with the Motor Vehicle Dealer Licensing Laws of the Code of Virginia.

MOTOR VEHICLE DEALERS MUST PROVIDE THE PROPER INSURANCE ON ALL TEMPORARY TRANSPORT LICENSE PLATES

- ☐ I/We certify that vehicles owned or assigned to my firm are insured by an insurance company licensed to do business in Virginia and that the policy provides at least the minimum amount of coverage as required by law.
- ☐ A certificate of self insurance # _____ has been issued by DMV pursuant to §46.2-368 with respect to each dealer's license plate issued.
- ☐ I/We certify that all information contained herein is true and correct.

INDIVIDUAL AUTHORIZED TO PICK UP LICENSE PLATES

SIGNATURE AND TITLE OF DEALER, DEALER-OPERATOR, OWNER, OR PARTNER _____

NAME _____ DRIVER'S LICENSE NO. _____

PRINT NAME OF DEALER, DEALER-OPERATOR, OWNER OR PARTNER _____

EXECUTED AND SIGNED IN THE ☐ COUNTY ☐ CITY OF _____

IN THE STATE OF _____ ON THIS DATE _____
STATE MONTH DAY YEAR

DMV:

STATE _____ DRIVER'S LICENSE NUMBER PRESENTED _____